



DELAWARE STATE BOARD OF LANDSCAPE ARCHITECTURE  
LICENSURE VERIFICATION FORM

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Date Originally Licensed: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Method of Licensure: \_\_\_\_\_ Examination \_\_\_\_\_ Reciprocity

1. Has the applicant ever been professionally disciplined or penalized?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are disciplinary proceedings or unresolved complaints pending against the applicant? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. If "yes" to either question above, please attach an explanation.

Certified by: \_\_\_\_\_

Title: \_\_\_\_\_

State of \_\_\_\_\_

Date \_\_\_\_\_

BOARD SEAL

Please return form to: Delaware State Board of Landscape Architecture  
861 Silver Lake Boulevard, Suite 203  
Dover, DE 19904